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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|---|------------------------|--|
| <b>NEW UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(only for new nonprovisional applications under<br/>37 CFR 1.53(b))</i> | Attorney Docket Number | 22725-06400  |
|   | First Named Inventor   | Antony A. Awaida et al.  |
|   | Title                  | SYSTEM AND METHOD FOR CALCULATING<br>REAL-TIME COSTING INFORMATION |
|   | Express Mail Label No. | EL734639255US  |

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09/691428  
U.S. PTO

| APPLICATION ELEMENTS   | ACCOMPANYING APPLICATION PARTS   |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)   | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27  | 8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority<br>is claimed)   |
| 3. <input checked="" type="checkbox"/> Specification <span style="float:right">Total Pages <span style="border:1px solid black; padding:0 5px;">72</span></span><br><i>(preferred arrangement set forth below)</i>   | 9. <input checked="" type="checkbox"/> Power of Attorney or Authorization of Agent   |
| <input type="checkbox"/> Descriptive Title of the Invention<br><input type="checkbox"/> Cross Reference(s) to Related Case(s)<br><input type="checkbox"/> Statement Regarding Fed sponsored R & D<br><input type="checkbox"/> Background of the Invention<br><input type="checkbox"/> Brief Summary of the Invention<br><input type="checkbox"/> Brief Description of the Drawing(s)<br><input type="checkbox"/> Detailed Description<br><input type="checkbox"/> Claim or Claims<br><input type="checkbox"/> Abstract of the Disclosure | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float:right">Total Sheets <span style="border:1px solid black; padding:0 5px;">14</span></span>   | 11. <input type="checkbox"/> Preliminary Amendment   |
| 5. Oath or Declaration   | 12. <input type="checkbox"/> Information Disclosure Statement & PTO-1449<br><input type="checkbox"/> Copies of IDS Citation(s)                                   |
| a. <input checked="" type="checkbox"/> New Declaration <span style="float:right">Total Pages <span style="border:1px solid black; padding:0 5px;">1</span></span><br><input checked="" type="checkbox"/> Executed (original or copy)   | 13. <input checked="" type="checkbox"/> Request and Certification under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i>   | 14. <input checked="" type="checkbox"/> Return Postcard  |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).   | 15. <input type="checkbox"/>   |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   | 16. <input type="checkbox"/>   |
|  | 17. <input type="checkbox"/>   |
| <b>ADDRESS TO:</b><br><b>Box Patent Application</b><br><b>Commissioner for Patents</b><br><b>Washington, DC 20231</b>  |  |

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

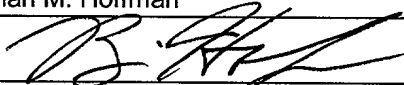
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 09/573,583

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: 2162

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

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| <input checked="" type="checkbox"/> Customer Number and Bar Code Label<br><div style="text-align:center; font-size: 2em; font-weight: bold;">00758</div> |
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|-------------------|---|-----------------------------------|-------------------|
| Name (Print/Type) | Brian M. Hoffman  | Registration No. (Attorney/Agent) | 39,713            |
| Signature         |  | Date                              | November 16, 2001 |

| 0002/PTO(modified)<br>Rev. 10/2000  | U.S. Department of Commerce<br>Patent and Trademark Office | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Complete if Known</th> </tr> <tr> <td style="width:50%;">Application Number</td> <td>NEW</td> </tr> <tr> <td>Filing Date</td> <td>HEREWITH</td> </tr> <tr> <td>First Named Inventor</td> <td>Antony A. Awaida <i>et al.</i></td> </tr> <tr> <td>Group Art Unit</td> <td>UNASSIGNED</td> </tr> <tr> <td>Examiner Name</td> <td>UNASSIGNED</td> </tr> <tr> <td>Attorney Docket Number</td> <td>22725-06400</td> </tr> </table> | Complete if Known |  | Application Number | NEW | Filing Date | HEREWITH | First Named Inventor | Antony A. Awaida <i>et al.</i> | Group Art Unit | UNASSIGNED | Examiner Name | UNASSIGNED | Attorney Docket Number | 22725-06400 |
|---|--|---|-------------------|--|--------------------|-----|-------------|----------|----------------------|--------------------------------|----------------|------------|---------------|------------|------------------------|-------------|
| Complete if Known   |  |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| Application Number  | NEW  |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| Filing Date   | HEREWITH   |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| First Named Inventor  | Antony A. Awaida <i>et al.</i>                             |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| Group Art Unit  | UNASSIGNED   |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| Examiner Name   | UNASSIGNED   |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| Attorney Docket Number  | 22725-06400  |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| <b>FEE TRANSMITTAL</b>  |  |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |
| <b>TOTAL AMOUNT OF PAYMENT</b><br>Subtotal (1) + Subtotal (2) + Subtotal (3) = <b>(\$ 956.00)</b> |  |   |                   |  |                    |     |             |          |                      |                                |                |            |               |            |                        |             |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)   |  |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
|--|---|--|------------------------------|-----------------|-----------|------------------------|----------------|-------------------------------------|-----------------------------------|-----------|---------------|--|----------------------|-------------|---|--|----------------------|---|--|--|---|---------------------|-----------|---|----------------------|----------------|-----------|--|----------------------|-------------|---------------|---|----------------------|-------------|--|--|----------------------|-----------|-----------|---------------------|----------------------|-------------|-----------|--|----------------------|-------------|-----------|--------------------------------|----------------------|-----------|-----------|------------------|----------------------|-----------|-----------|-------------------------------|----------------------|-----------|-----------|--|----------------------|-----------|-----------|---|----------------------|----------|----------|--|-----------|-----------|-----------|---|----------------------|-----------|-----------|--|----------------------|----------------------|--|--|----------------------|----------------------|--|--|----------------------|---------------------|--|--|----------------|
| <b>1. The Commissioner is hereby authorized to:</b><br><br><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.<br><br><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†<br><br><input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27<br><br>Deposit Account Number: 19-2555<br>Deposit Account Name: FENWICK & WEST LLP<br><br>A Duplicate Copy of this authorization is attached<br><br><b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other<br><br><b>FEE CALCULATION</b> (fees effective 10/01/2000) | <b>3. ADDITIONAL FEES</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Small Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td><input type="text"/></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="text"/></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td><input type="text"/></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month†</td><td><input type="text"/></td></tr> <tr><td>116/\$400</td><td>216/\$200</td><td>Extension for response within second month†</td><td><input type="text"/></td></tr> <tr><td>117/\$920</td><td>217/\$460</td><td>Extension for response within third month†</td><td><input type="text"/></td></tr> <tr><td>118/\$1,440</td><td>218/\$720</td><td>Extension for response within fourth month†</td><td><input type="text"/></td></tr> <tr><td>128/\$1,960</td><td>228/\$980</td><td>Extension for response within fifth month†</td><td><input type="text"/></td></tr> <tr><td>119/\$320</td><td>219/\$160</td><td>Notice of Appeal</td><td><input type="text"/></td></tr> <tr><td>141/\$1,280</td><td>241/\$640</td><td>Petition to revive unintentionally abandoned application</td><td><input type="text"/></td></tr> <tr><td>142/\$1,280</td><td>242/\$640</td><td>Utility Issue Fee (Or Reissue)</td><td><input type="text"/></td></tr> <tr><td>143/\$460</td><td>243/\$230</td><td>Design Issue Fee</td><td><input type="text"/></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td><input type="text"/></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td><input type="text"/></td></tr> <tr><td>179/\$740</td><td>279/\$370</td><td>Request for Continued Examination (RCE)</td><td><input type="text"/></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td><b>40</b></td></tr> <tr><td>146/\$740</td><td>246/\$370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="text"/></td></tr> <tr><td>149/\$740</td><td>249/\$370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="text"/></td></tr> <tr><td colspan="3">Other fee (specify):</td><td><input type="text"/></td></tr> <tr><td colspan="3">Other fee (specify):</td><td><input type="text"/></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$ 40)</b></td> </tr> </table> | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee | Fee Description | Fee Due   | 105/\$130              | 205/\$65       | Surcharge - late filing fee or oath | <input type="text"/>              | 127/\$50  | 227/\$25      | Surcharge-late provisional filing fee or cover sheet | <input type="text"/> | 147/\$2,520 | 147/\$2,520                                     | For filing a request for reexamination | <input type="text"/> | 115/\$110   | 215/\$55   | Extension for response within first month† | <input type="text"/>                        | 116/\$400           | 216/\$200 | Extension for response within second month† | <input type="text"/> | 117/\$920      | 217/\$460 | Extension for response within third month† | <input type="text"/> | 118/\$1,440 | 218/\$720     | Extension for response within fourth month† | <input type="text"/> | 128/\$1,960 | 228/\$980  | Extension for response within fifth month† | <input type="text"/> | 119/\$320 | 219/\$160 | Notice of Appeal    | <input type="text"/> | 141/\$1,280 | 241/\$640 | Petition to revive unintentionally abandoned application | <input type="text"/> | 142/\$1,280 | 242/\$640 | Utility Issue Fee (Or Reissue) | <input type="text"/> | 143/\$460 | 243/\$230 | Design Issue Fee | <input type="text"/> | 122/\$130 | 122/\$130 | Petitions to the Commissioner | <input type="text"/> | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | <input type="text"/> | 179/\$740 | 279/\$370 | Request for Continued Examination (RCE) | <input type="text"/> | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | <b>40</b> | 146/\$740 | 246/\$370 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> | 149/\$740 | 249/\$370 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> | Other fee (specify): |  |  | <input type="text"/> | Other fee (specify): |  |  | <input type="text"/> | <b>SUBTOTAL (3)</b> |  |  | <b>(\$ 40)</b> |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description  | Fee Due                      |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 105/\$130  | 205/\$65  | Surcharge - late filing fee or oath  | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 127/\$50   | 227/\$25  | Surcharge-late provisional filing fee or cover sheet                       | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 147/\$2,520  | 147/\$2,520   | For filing a request for reexamination                                     | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 115/\$110  | 215/\$55  | Extension for response within first month†                                 | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 116/\$400  | 216/\$200   | Extension for response within second month†                                | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 117/\$920  | 217/\$460   | Extension for response within third month†                                 | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 118/\$1,440  | 218/\$720   | Extension for response within fourth month†                                | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 128/\$1,960  | 228/\$980   | Extension for response within fifth month†                                 | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 119/\$320  | 219/\$160   | Notice of Appeal   | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 141/\$1,280  | 241/\$640   | Petition to revive unintentionally abandoned application                   | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 142/\$1,280  | 242/\$640   | Utility Issue Fee (Or Reissue)   | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 143/\$460  | 243/\$230   | Design Issue Fee   | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 122/\$130  | 122/\$130   | Petitions to the Commissioner  | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 126/\$180  | 126/\$180   | Submission of Information Disclosure Statement                             | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 179/\$740  | 279/\$370   | Request for Continued Examination (RCE)                                    | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 581/\$40   | 581/\$40  | Recording each patent assignment per property (times number of properties) | <b>40</b>                    |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 146/\$740  | 246/\$370   | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 149/\$740  | 249/\$370   | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| Other fee (specify):   |   |  | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| Other fee (specify):   |   |  | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| <b>SUBTOTAL (3)</b>  |   |  | <b>(\$ 40)</b>               |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| <b>1. FILING FEE</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Small Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Due</th> </tr> <tr><td>101/\$740</td><td>201/\$370</td><td>Utility Filing</td><td><b>370</b></td></tr> <tr><td>106/\$330</td><td>206/\$165</td><td>Design Filing</td><td><input type="text"/></td></tr> <tr><td>108/\$740</td><td>208/\$370</td><td>Reissue</td><td><input type="text"/></td></tr> <tr><td>114/\$160</td><td>214/\$80</td><td>Provisional Filing</td><td><input type="text"/></td></tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td><b>(\$ 370)</b></td> </tr> </table>                         | Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description              | Fee Due         | 101/\$740 | 201/\$370              | Utility Filing | <b>370</b>                          | 106/\$330                         | 206/\$165 | Design Filing | <input type="text"/>                                 | 108/\$740            | 208/\$370   | Reissue   | <input type="text"/>                   | 114/\$160            | 214/\$80  | Provisional Filing   | <input type="text"/>                       | <b>SUBTOTAL (1)</b>                         |                     |           | <b>(\$ 370)</b>                             |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description  | Fee Due                      |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 101/\$740  | 201/\$370   | Utility Filing   | <b>370</b>                   |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 106/\$330  | 206/\$165   | Design Filing  | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 108/\$740  | 208/\$370   | Reissue  | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 114/\$160  | 214/\$80  | Provisional Filing   | <input type="text"/>         |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| <b>SUBTOTAL (1)</b>  |   |  | <b>(\$ 370)</b>              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| <b>2. CLAIMS</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Large Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Small Entity<br/>Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> </tr> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$84</td><td>202/\$42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$280</td><td>204/\$140</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$84</td><td>209/\$42</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </table>  | Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description              | 103/\$18        | 203/\$9   | Claims in excess of 20 | 102/\$84       | 202/\$42                            | Independent claims in excess of 3 | 104/\$280 | 204/\$140     | Multiple dependent claim                             | 109/\$84             | 209/\$42    | Reissue independent claims over original patent | 110/\$18                               | 210/\$9              | Reissue claims in excess of 20 and over original patent | <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">(Col. 1)<br/>For</th> <th style="text-align: left;">(Col. 2)<br/>Highest No. Previously Paid For</th> <th style="text-align: left;">(Col. 3)<br/>Extra**</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Due</th> </tr> <tr> <td>TOTAL 76</td> <td>minus* 20 or 0</td> <td>= 56</td> <td>x 9</td> <td>= 504</td> </tr> <tr> <td>INDEP 4</td> <td>minus* 3 or 0</td> <td>= 1</td> <td>x 42</td> <td>= 42</td> </tr> <tr> <td colspan="5">[ ] First presentation of multiple dependent claim</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 546)</b></td> </tr> </table> | (Col. 1)<br>For                            | (Col. 2)<br>Highest No. Previously Paid For | (Col. 3)<br>Extra** | Fee       | Fee Due                                     | TOTAL 76             | minus* 20 or 0 | = 56      | x 9  | = 504                | INDEP 4     | minus* 3 or 0 | = 1   | x 42                 | = 42        | [ ] First presentation of multiple dependent claim |  |                      |           |           | <b>SUBTOTAL (2)</b> |                      |             |           | <b>(\$ 546)</b>  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description  |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 103/\$18   | 203/\$9   | Claims in excess of 20   |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 102/\$84   | 202/\$42  | Independent claims in excess of 3  |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 104/\$280  | 204/\$140   | Multiple dependent claim   |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 109/\$84   | 209/\$42  | Reissue independent claims over original patent                            |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| 110/\$18   | 210/\$9   | Reissue claims in excess of 20 and over original patent                    |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| (Col. 1)<br>For  | (Col. 2)<br>Highest No. Previously Paid For   | (Col. 3)<br>Extra**  | Fee                          | Fee Due         |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| TOTAL 76   | minus* 20 or 0  | = 56   | x 9                          | = 504           |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| INDEP 4  | minus* 3 or 0   | = 1  | x 42                         | = 42            |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| [ ] First presentation of multiple dependent claim   |   |  |                              |                 |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |
| <b>SUBTOTAL (2)</b>  |   |  |                              | <b>(\$ 546)</b> |           |                        |                |                                     |                                   |           |               |  |                      |             |   |  |                      |   |  |  |   |                     |           |   |                      |                |           |  |                      |             |               |   |                      |             |  |  |                      |           |           |                     |                      |             |           |  |                      |             |           |                                |                      |           |           |                  |                      |           |           |                               |                      |           |           |  |                      |           |           |   |                      |          |          |  |           |           |           |   |                      |           |           |  |                      |                      |  |  |                      |                      |  |  |                      |                     |  |  |                |

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

|                       |                  |                                 |                   |
|-----------------------|------------------|---------------------------------|-------------------|
| <b>SUBMITTED BY</b>   |                  | <b>Complete (if applicable)</b> |                   |
| Typed or Printed Name | Brian M. Hoffman | Reg. Number                     | 39,713            |
| Signature             |                  | Date                            | November 16, 2001 |

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PTO/SB/35 (11-00)  
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|--|----------------------|--|
| <b>REQUEST AND CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> | First Named Inventor | Antony A. Awaida <i>et al.</i>                                     |
|  | Title                | SYSTEM AND METHOD FOR CALCULATING REAL-TIME<br>COSTING INFORMATION |
|  | Atty. Docket Number  | 22725-06400  |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

November 16, 2001  
Date

  
Signature

Brian M. Hoffman, Reg. No. 39,713  
Typed or printed name/Registration Number

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.